

**Distribution Instructions:**

Original: Agency/Department

Copy: Person Signing

**CONSENT FOR CONTACT**

1. Please complete both sides of this information, if known.
2. This form must be witnessed by a representative of the California Department of Social Services (CDSS) or a California adoption agency licensed by CDSS, or notarized. If the signing of this form is witnessed by a CDSS or adoption agency representative, some form of photo identification of the person signing must be obtained and noted on this form.

**DESIGNATE ONE:**

I am the

☐

Birth Parent

☐

Adult Adoptee

(age 18 or older)

**PART A.** *To be completed by person signing consent*☐ **BIRTH PARENT:**

By signing this form, I voluntarily give my consent to the CDSS or licensed adoption agency to disclose my name and address to my adult biological child who was adopted so he/she may contact me.

☐ **ADULT ADOPTEE:**

By signing this form, I voluntarily give my consent to the CDSS or licensed adoption agency to disclose my name and address to my birth parent(s) so he/she may contact me.

I understand that the CDSS does not provide search services to locate birth parent(s) or adoptees, and that these parties must contact CDSS or the licensed adoption agency to request a Consent for Contact (AD 904) form.

I understand that the birth parent(s) and the adoptee must sign a consent before CDSS or the licensed adoption agency can disclose identifying information, and that signing this consent does not necessarily insure that a contact will be made. I understand that the law prohibits CDSS or the licensed adoption agency from soliciting, directly or indirectly, the execution of such a consent.

I understand that I should keep the CDSS or the licensed adoption agency informed of my correct name and address. If I decide to rescind this consent, I will notify CDSS or the licensed adoption agency in writing.

SIGNATURE				DATE
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (      )
OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN		IDENTIFICATION (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.)		

**PART B.** *To be completed by a representative of CDSS or CA adoption agency licensed by CDSS. If Part B or C is completed, do not complete Part D.*

SIGNATURE OF ADOPTION AGENCY REPRESENTATIVE	DATE	TELEPHONE NUMBER (      )
AGENCY/DEPARTMENT NAME	ADDRESS	

**PART C.** ☐ *Check if applicable. Notarized signature has been previously submitted to CDSS.***PART D.** *To be completed by a Notary Public only if Part B or C is not completed.*

State of \_\_\_\_\_

County of \_\_\_\_\_ ss.

Before me, \_\_\_\_\_, a Notary Public in and for said County and

State, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_.

(Affix Notarial Seal)

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_

In order to locate the correct adoption file, it is often necessary to have additional information than is already on the form. Please assist us by completing the information below. If you don't know this information, please write unknown.

\_\_\_\_\_  
Adoptee's name, birthdate, city and state of birth

\_\_\_\_\_  
All names used by birthmother at the time of the adoption (include middle and maiden name(s) and name of birthfather.

\_\_\_\_\_  
Full names of both adoptive parents

**Adoptees:**      ☐ Please check the box if you also want to receive nonidentifying background information about your birth parents.

**Birth**              ☐ Please check the box if you also want to receive nonidentifying information on the  
**Parents:**              family that adopted your child.

### **What Happens to the Consent**

The consent may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office; Adoptions Branch, Department of Social Services, 744 P Street, M.S. 19-31, Sacramento, CA 95814. It will be acknowledged and placed in the adoptive file if it was an independent (private) adoption. If it was an agency adoption, it will be returned to you with the name and address of the correct agency so you can send it directly to them. A copy will be kept in the Department's adoption file.

**Fees:**              There is no fee for service at this time.